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fax: (949) 282-1002

### FACSIMILE TRANSMISSION COVER SHEET

Date:

October 5, 2004

To:

United States Patent and Trademark Office

Examiner: Jesse A. Fenty; Art Unit: 2815

Fax:

(703) 872-9306

Re:

Application Serial No.: 10/636,162

Filing Date: 8/7/2003; First Named Inventor: Hyeon-Seag Kim

Attorney Docket No.: 0180124

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 12

#### Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated September 22, 2004.

Thank you.

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Attorney Docket No.: 0180124

#### AMENDMENT COVER SHEET

IN RE APPLICATION OF: <u>Kim, et al.</u>	<u> </u>		•
SERIAL NO.: 10/636,162 FILED: August 7, 2003			
FOR: Test Structure for Determining Electromigration and	Interlayer Dielectric Failure		
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450. Alexandria, VA 22313-1450			
Sir/Madam:			
Transmitted herewith is a paper in the above-identified appials hereby requested.	lication. Any necessary exte	nsion of time period	set for this pap
☑ No additional fee is required.			
No additional fee is required.  The fee has been calculated as shown below:			
•	RATE Non-Small Entity	RATE Small-Entity	FEE
The fee has been calculated as shown below:			FEE
☐ The fee has been calculated as shown below: ☐ EXTENSION FEE	Non-Small Entity	Small-Entity	_
☐ The fee has been calculated as shown below: ☐ EXTENSION FEE  FIRST MONTH AFTER TIME PERIOD SET	Non-Small Entity:	: Small-Entity 55.00	S

☐ TOTAL EXTEN	SION FEE \$	0.00
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☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

<b>.</b>	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	9	MINUS **20	* = 0	x 18	х 9	\$
INDEPENDENT	3	MINUS ***3	*=0	x 88	x 44	\$
First presentation o	f multiple depend	ent claim		+ 300	+ 150	\$

#### TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

# If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180124

	Total fee for Supplemental Infor	mation Disclosure Statement \$			
	Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).				
	Please charge Deposit Account No. 50-0731 in the amount of \$				
X	The Commissioner is hereby aut or credit any overpayment to De	horized to charge payment of any additional fees associated with this communication, posit Account No. 50-0731. A duplicate copy of this sheet is enclosed.			
Date: _	1015/04	By: Michael Farjami. Reg. No. 38,135			
Farjami 26522 L Mission Telepho	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 le: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION  I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.  Date  Charles  Signature  USULAT L-LAM  Name of Person Performing Facsimile Transmission			
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents. P.O. Box 1450, Alexandria. VA 22313-1450. on:  Date  Signature  Typed or Printed Name of Person Mailing Paper and/or Fee			

10/05/2004 09:19 9492821002

Attorney Docket No.: 0180124

## AMENDMENT COVER SHEET

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IN RE APPLICATION OF: Kim. et al.					
SERIAL NO.: 10/636.162 FILED: August 7, 2003					
FOR: Test Structure for Determining Electromigration and In	terlayer Dielectric Failure	<u> </u>			
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450					
Sir/Madam:					
Transmitted herewith is a paper in the above-identified application is hereby requested.	ation. Any necessary exte	ension of time period	set for this paper		
No additional fee is required.		-			
The fee has been calculated as shown below:					
☐ EXTENSION FEE	RATE RATE Non-Small Entity Small-Entity FEE				
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$		
SECOND MONTH AFTER TIME PERIOD SET 430.00 \$					
THIRD MONTH AFTER TIME PERIOD SET 980.00 \$					
FOURTH MONTH AFTER TIME PERIOD SET 1.530.00 765.00 \$					
☐ TOTAL EXTENSION FEE \$ 0.00					
☐ FEE FOR EXTRA CLAIMS added by Amendment in	this response:				

-	Column 1	Column 2	· Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	9	MINUS **20	*=0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	<b>*</b> = 0	_x 88	x 44	\$
First presentation of	f multiple depend	ent claim		+ 300	+ 150	\$

### TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Dacket No.: 0180124

□ Total fee for Supplemental Information Disclosure Statement \$ □ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed). □ Please charge Deposit Account No. 50-0731 in the amount of \$ □ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.  Date: IOJ 5 / 04  By: Michael Farjami, Reg. No. 38.135    CERTIFICATE OF FACSIMILE TRANSMISSION   I hereby certify that this correspondence is being filled by facsimile transmission of United States Peters and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission report indicated that the facsimile transmission was successful.    IOJ 5 / Date   Date						
Please charge Deposit Account No. 50-0731 in the amount of \$  The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.  Date: 1015/09  By: Michael Farjami, Reg. No. 38.135   CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Tradement Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.  Michael Farjami. Esq. Farjami & Farjami LLP 26522 La Alameda Ave., Suite 360 Mission Viejo. CA 92691 Telephone: (949) 282-1000 Facsimile: (949) 282-1002  Michael Farjami Esq. Farjami & Farjami LIP 26522 La Alameda Ave., Suite 360 Mission Viejo. CA 92691 Name of Person Performing Facsimile Transmission  CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Possal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:		Total fee for Supplemental Info	rmation Disclosure Statement \$			
The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.  Date: 10/5/04  By: Michael Farjami, Reg. No. 38.135   CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facstraille transmission to Linited States Poient and Trademark Office at facsimile transmission report indicated that the facsimile transmission was successful.  Michael Farjami. Esq. Farjami & Farjami LLP 26522 La Alameda Ave., Suite 360 Mission Vielo, CA 92691 Telephone: (949) 282-1000 Facsimile: (949) 282-1002  CERTIFICATE OF MAILING I hereby certify that this correspondence is being filed by Facsimile: (949) 282-1002  CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Poseal Service as (first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:		Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).				
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Signature  Typed or Printed Name of Person Mailing Paper and/or Fee	Farjam 26522 Mission Teleph	i & Farjami LLP La Alameda Ave., Suite 360 n Viejo, CA 92691 one: (949) 282-1000	I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.    Date			

Attorney Docket No.: 0180124

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kim, et al.

Serial No.: 10/636,162

Filed: August 7, 2003

For: Test Structure for Determining

Electromigration and Interlayer

Dielectric Failure

Art Unit: 2815

Examiner: Fenty, Jesse A

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# AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated September 22, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.